

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90081 015 ****50.00

DOCUMENT # L04000006984
 1. Entity Name
LEMAE OF WPB LLC



Principal Place of Business Mailing Address
652 EAST BEVERWYCK **652 EAST BEVERWYCK**
PARAMUS, NJ 07652 **PARAMUS, NJ 07652**

20004817



2. Principal Place of Business 3. Mailing Address
c/o JACK ROSENBERG CPA
 Suite, Apt. #, etc. Suite, Apt. #, etc.
4000 HOLLYWOOD BLVD #215-S
 City & State City & State
HOLLYWOOD FL
 Zip Country Zip Country
33021 **USA**

01232006 Chg-LLC CR2E083 (11/05)
 4. FEI Number Applied For
20-0746106 Not Applicab
 5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
COHN, ALAN B
2021 TYLER ST
HOLLYWOOD, FL 33022

7. Name and Address of New Registered Agent
 Name **COHN, ALAN B**
 Street Address (P.O. Box Number is Not Acceptable)
GREENSDON MARLBOROUGH, PA.
100 W. CYPRESS CREEK RD, SUITE 700
 City **FT LAUDERDALE** **FL** Zip Code **33309**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2006 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASTMANN, HELEN 652 EAST BEVERWYCH PARAMUS, NJ 07652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMENT, NORMAN 21 BIRCHWOOD DRIVE GREAT RIVER, NY 11739	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addit

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

HELEN ASTMANN HELEN ASTMANN 1/30/06